



Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY
Account Number : 119990000242
Phone : (215)563-8113
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT RESIGNATION
GINN-PINE ISLAND GP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2019 OCT 29 PM 2:42

2019 OCT 29 PM 4:39

FILED

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**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Virginia Tee, Esq.

, hereby resigns as

Name of Registered Agent

Registered Agent for GINN-PINE ISLAND GP, LLC

Name of Limited Liability Company

M00000000944

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed


Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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